

REGISTRATION FORM

You can fill out this form, print it and mail it to:
LATROBE - UNITY PARKS & RECREATION
PO BOX 307
LATROBE PA 15650-0307
OR
Fax it with your credit card information to:
724-537-2057

PARTICIPANT INFORMATION: (PLEASE NOTE: ONE REGISTRATION FORM IS NEEDED PER PARTICIPANT)

Last Name: First Name: MI

Address:

City: State: Zip:

Area Code: Phone: Gender: DOB: Age:

E-mail Address Grade:

School Attending:

Health Problems: Physician:

Physician's Phone:

Residing Township:

Residency: (Please Check One)

Greater Latrobe School District Outside Greater Latrobe School District

Emergency Contact: Phone:

In order for LUP&R & UWWC to better serve our community needs - please answer the following questions:

Race Household Income

Program: Zumba - Session 2 Fee: Add 10% if registering after the deadline

Program: Please Choose From The List Fee: Add 10% if registering after the deadline

Program: Please Choose From The List Fee: Add 10% if registering after the deadline

Program: Please Choose From The List Fee: Add 10% if registering after the deadline

TOTAL AMOUNT:

Shirt Size: Blank Short Size: Blank

I, in consideration of my (or my child's participation) in this activity, hereby release Latrobe - Unity Parks & Recreation, the City of Latrobe, the Greater Latrobe School District, (at any program location) and any individual connected herewith from any and all

property damage or liability arising from accident, injury or illness suffered as a result of participation in this activity.

Your Signature (Parent, if participant is under 18)

Payment Information:

Check Credit Card

Credit Card Type:
Credit Card #:

Expiration Date: V-Code: (last 3 digits on back of card)

Name on Card:

Billing Street Address :